THERAPEUTICS

UNDER THE CHARGE OF

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Splenectomy in Treatment of Pernicious Anemia.—Hirschfeld and Klemperer (*Therapie d. Gegenwart,* 1913, liv, 385) report two cases of pernicious anemia in which marked improvement followed splenectomy. They were led to try this radical procedure by the fact that a previous patient with Banti's disease developed a pronounced polycythemia a year and a half after a splenectomy had been performed. In this patient the hemoglobin rose to over 120 per cent. and the number of red blood cells increased to seven and eight million, and the blood picture was in marked contrast to the former severe secondary anemia. In addition there are also a number of other cases on record in which a polycythemia has developed after a splenectomy for rupture of the spleen. They believe that probably pernicious anemias of recent origin will be more favorably influenced by splenectomy than cases of long standing. The most striking effect observed in the two cases reported by Hirschfeld and Klemperer was the marked and prompt increase of nucleated red blood cells in the blood. The effect produced was so striking that it showed conclusively, according to Hirschfeld and Klemperer, that the splenectomy stimulated the production of red blood cells on the part of the bone marrow. In one patient the hemoglobin rose from 30 to 55 per cent. in one month and to 80 per cent. after two months, with a corresponding increase in the number of red blood cells. Although the blood of these patients still has certain features of pernicious anemia, especially the presence of numerous megalocytes, yet the results obtained justify the conclusion that this procedure has a definite influence in stimulating the production of red cells.

The Effect of Atophan and Novatophan on the Endogenous Uric Acid Excretion of Normal Men.—Haskins (*Jour. of Pharm. and Exper. Therapeutics,* 1913, v, 33) investigated the effect of atophan and novatophan upon the endogenous uric acid excretion in 21 normal men. All of them had been on a purin-free diet for one week before atophan or novatophan was administered. The first 16 reported in the table showed over 200 mg. increase of uric acid excreted under the influence of the drug. This increase was most marked on the day following the administration of the drug. Four others showed a less marked increase, but in 1 case the increase was not apparent until the second day. The one subject that showed no increase of uric acid was only examined on the day following the administration of the drug and Haskins suggests as an explanation that in his case the elimination might have been delayed. Judging by the results obtained by Haskins, atophan seemed to be more efficient in its action than novatophan. Investigation, undertaken to compare the excretion of the period after taking the drug with the period before taking it, showed that the excretion of uric acid was at a distinctly lower level in the period after the administration of the drug than preceding it Haskins believes that the results of his investigations point strongly to the possibility that the main effect of atophan and novatophan is to drain uric acid out of the blood, leaving the uric acid content of the latter subnormal.

Artificial Pneumothorax in the Treatment of Chronic Infection of the Pleura and the Lungs.—Floyd (*Boston Med. and Surg. Jour.*, 1913, clxix, 713) reported two years ago with Robinson a series of 28 cases of pulmonary tuberculosis treated by artificial pneumothorax. Of this number 8 cases had either shown an entire arrest of an active process or were approaching that condition. The remaining 20 cases had secured relief of symptoms to a greater or less degree. Of the arrested cases, six are in excellent condition at the present time. One has died, through no fault, however, of the method and one has, within the last year, shown an extension of the old process into the previously collapsed portion of the lung. Floyd says that during the past four years he has treated a large number of cases of pulmonary tuberculosis by this method. Some of these have been under treatment primarily for the relief of one or more symptoms, such as persistent cough, or hemoptysis. In the great majority, however, the object of the treatment has been to arrest an advanced active process. In the larger number of cases reduction in temperature, relief of cough, diminution of expectoration and an increase of body weight have occurred. In several cases where the character of the disease was that of a chronic toxemia with an advanced pulmonary lesion, the results of the compression of a portion of the active lung has markedly diminished toxic absorption. Improvement in circulation, gain in weight, and increase of strength followed, even where the extent of pneumothorax was limited. In one case of pyothorax secondary to an advanced tuberculous process of the lung in which the pus was withdrawn and the fluid replaced by nitrogen no results were obtained on account of the dense unyielding condition of the consolidated lung. In cases of pulmonary tuberculosis complicated with a secondary infection results have been fairly good only where collapse of the lung has been extensive. The compression of a portion of the lung tends merely to diminish the amount of sputum and reduce temperature. The action of pyogenic organisms is not checked and lung destruction slowly advances. In the unilateral cases of active tuberculosis not only relief of symptoms but arrest of the disease has been obtained. The time required to accomplish this has varied with the extent and activity of the disease. The tendency in most instances is to lengthen the interval of injections too rapidly and even stop them altogether before permanent arrest is assured. With artificial pneumothorax as with other methods of treatment of tuberculosis relapses occur and a renewal of the treatment may be necessary. Floyd says that his experience with the use of artificial pneumothorax has shown him that only a relatively small